BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

09/922363

l		CLA	ims a	S FILED			•	-	MALL E	YTTY			THAN
TOTAL CLAIMS				(Column 1)		(Column 2)		ו וייל	TYPE		OR 1		
II							RATE	FEE	-	_RATE_	FEE_		
II	DR· ·	NUMBER FILED		NUM	NUMBER EXTRA		BASIC FEI	395.00	OR	BASIC FEE	790.00		
T	OTAL CHARGE	m	inus 20=	<u> </u>	<u> </u>		× 25		OR	x-50			
IN	DEPENDENT O		ninus 3 =	<u> </u>	·		x 100		OR	×200			
М	JLTIPLE DEPE	RESENT	IESENT						OR	- بحز	-		
* [f the difference	less than zero, enter "0" in column 2			Ĺ	4/30 TOTAL		OR	1 100				
,	(J) - DE CLAIMS AS AMENDED - PART II								·		JOH	OTHER	THAN
	19000	(Colu			(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F		BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE	
NDME	Total	- 1'	7	Minus	-020	5	=		x 25		OR	×50.	
AME	Independent	. (<u>う</u>	Minus	/	3	=		×100		OR	x200	
	FIRST PRESI	ENTATION	V OF M	ULTIPLE DE	PENDENT	CLAIM			+180		OR	+360	
									TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
		(Colur	mn 1)		(Colun	nn 2)	(Column 3)	AL	0011.1 221				
SYT B		(Colur CLAI REMAI AFT	IMS INING ER		HIGHI NUME PREVIO	EST BER	(Column 3) PRESENT EXTRA	lг	RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	CLAI REMAI AFT	IMS INING TER	Minus	HIGHI NUME PREVIO	EST BER OUSLY	PRESENT		RATE,	TIONAL	ao.		TIONAL
PANON TAN	independent	CLA REMAI AFT	IMS INING ER	Minus	HIGHI NUME PREVIO PAID	EST BER PUSLY FFOR	PRESENT EXTRA		RATE,	TIONAL	OR	RATE	TIONAL
		CLA REMAI AFT	IMS INING ER	Minus	HIGHI NUME PREVIO PAID	EST BER PUSLY FFOR	PRESENT EXTRA	2	RATE, 25 × 100	TIONAL FEE	OR OR	RATE \$50.	TIONAL
TMDESTAT	independent	CLA REMAI AFT	IMS INING ER	Minus	HIGHI NUME PREVIO PAID	EST BER PUSLY FFOR	PRESENT EXTRA	2	RATE. × 25 × 100 +180	TIONAL FEE	OR OR OR	RATE 1,50 1,200 1,360	TIONAL
THOUSENT	independent	CLA REMAI AFT	IMS INING ER	Minus	HIGHI NUME PREVIO PAID	EST BER PUSLY FFOR	PRESENT EXTRA	2	RATE, 25 × 100	TIONAL FEE	OR OR	RATE \$50.	TIONAL
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CARCINDESTAT	independent	CLA REMAI AFT	IMS INING ER AMENT I OF MU I OF MU I OF MU I SER ER ER ER	Minus	HIGHI NUME PREVIO PAID	EST BER PUSLY FOFOR CLAIM CLAIM	PRESENT EXTRA	AD	# 25 × 100 + 180 TOTAL DOIT, FEE	TIONAL FEE	OR OR	RATE 1,50 . 1,200 . 1,360 .	TIONAL
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AMENDMENT C ARCHIDECTAL	Independant FIRST PRESE Total Independent	CLAIREMAN AFT AMENDING	INS INING ER IOF MU IOF	Minus Minus LTIPLE DEF	HIGHINUME PREVIO PAID F THE PREVIO PAID F THE PENDENT THE PENDENT	CLAIM CLAIM CLAIM CLAIM CLAIM CLAIM	PRESENT EXTRA PRESENT EXTRA E	AD	RATE , 26 × 100 + 180 TOTAL , DOIT, FEE	ADDI- TIONAL FEE	OR OR OR	RATE X50 +360 TOTAL ADDIT. FEE X50 X200	TIONAL FEE